

**Commonwealth of Virginia Health Benefits Program**  
**Active Employees and Those Not Eligible for Medicare**

**Monthly Premiums**

(Effective July 1, 2005 - June 30, 2006)

**Employee, Employee on Military Leave, VSDP Short-Term Disability:** Pays the Employee amount  
**Retiree Group Not Eligible for Medicare (Retirees, Survivors, VSDP Long-Term Disability):** Pays the Total Premium (VRS- administered health insurance credit may apply)  
**Part-time Classified Employee:** Pays the total premium

Coverage Option	Single	Plus One	Family
<b>COVA Care Health Plan</b> (includes basic dental)			
<b>Employee Pays</b>	<b>\$36</b>	<b>\$90</b>	<b>\$127</b>
State Pays	\$340	\$606	\$889
Total Premium	\$376	\$696	\$1016
<b>COVA Care Plus Out-of-Network</b>			
<b>Employee Pays</b>	<b>\$45</b>	<b>\$102</b>	<b>\$143</b>
State Pays	\$340	\$606	\$889
Total Premium	\$385	\$708	\$1032
<b>COVA Care Plus Expanded Dental</b>			
<b>Employee Pays</b>	<b>\$47</b>	<b>\$112</b>	<b>\$161</b>
State Pays	\$340	\$606	\$889
Total Premium	\$387	\$718	\$1050
<b>COVA Care Plus Vision, Hearing and Expanded Dental</b>			
<b>Employee Pays</b>	<b>\$55</b>	<b>\$126</b>	<b>\$179</b>
State Pays	\$340	\$606	\$889
Total Premium	\$395	\$732	\$1068
<b>COVA Care Plus Out-of-Network and Expanded Dental</b>			
<b>Employee Pays</b>	<b>\$56</b>	<b>\$124</b>	<b>\$177</b>
State Pays	\$340	\$606	\$889
Total Premium	\$396	\$730	\$1066
<b>COVA Care Plus Out-of-Network, Vision, Hearing and Expanded Dental</b>			
<b>Employee Pays</b>	<b>\$64</b>	<b>\$138</b>	<b>\$195</b>
State Pays	\$340	\$606	\$889
Total Premium	\$404	\$744	\$1084

Coverage Option	Single	Plus One	Family
<b>Kaiser Permanente HMO</b>			
<b>Employee Pays</b>	<b>\$36</b>	<b>\$89</b>	<b>\$125</b>
State Pays	\$335	\$597	\$877
Total Premium	\$371	\$686	\$1002